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June 15, 2006

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| To: Assistant Commissioner for Patents | From: Estella Pineiro Patent Administrator 818-493-2251 |
| Attention: TECHNOLOGY CENTER 3700 Examiner: Scott Getzow Art Unit: 3762 | ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221 |
| Telecopier: 571-273-8300 | Telecopier: 818/362-4795 |
| RE: Request for Reconsideration App. No.: 10/719,307 Filed: 11/21/2003 Docket No.: A03P1077 Confirmation No.: 3085 | Number of pages being sent: <u>8</u> (including cover page) |

PLEASE DELIVER TO EXAMINER S. GETZOW, Art Unit 3762.
Thank you.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|---------------|--|-------------------|--------------|
| Applicant(s): | Xiaoyi Min et al. | Confirmation No.: | 3085 |
| Serial No.: | 10/719,307 | Examiner: | Scott Getzow |
| Filed: | 11/21/2003 | Art Unit: | 3762 |
| Docket No.: | A03P1077 | | |
| For: | AUTOMATIC SENSITIVITY CONTROL AND METHOD FOR USE IN AN IMPLANTABLE CARDIAC STIMULATION DEVICE | | |

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Dear Sir:

Submitted herewith for filing are the following documents:

X Request for Reconsideration
X Transmittal Letter, Fee and Cert. of Mailing

I hereby certify that this correspondence is being facsimile transmitted to
the United States Patent and Trademark Office on:

June 15, 2006

 6/15/06

Estella Pineiro Date

PATENT

| CALCULATION OF FEES | | | | | | |
|---------------------|---|---|---|-----------------------|---------------------|--------|
| ITEM | | NO. OF CLAIMS REMAINING AFTER AMENDMENT | NO. OF CLAIMS PREVIOUSLY PAID FOR | ADD'L CLAIMS FILED | LARGE ENTITY FEE | \$ FEE |
| A | TOTAL CLAIMS FEE | 20 | 20 | 0 | X \$ 18 | \$ 0 |
| B | INDEPENDENT CLAIMS FEE** | 3 | 3 | 0 | X \$ 86 | 0 |
| C | MULTIPLE- DEPENDENT | | | | X \$ 290 | 0 |
| D | EXTENSION OF TIME FEE — 1-mon: \$110; 2-mon: \$420; 3-mon: \$950; 4-mon: \$1,480 | | | | | 0 |
| E | ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify: | | | | | 0 |
| F | TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E) | | | | | \$0** |

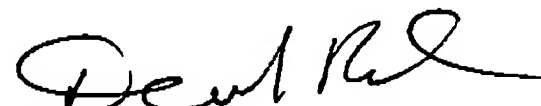
| | | |
|--|-------------|---|
| <input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of | \$0* | A copy of this letter is enclosed. |
|--|-------------|---|

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

- ☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 6/15/06


 Derrick W. Reed
 Attorney for Applicants
 Reg. No. 40,138

CUSTOMER NUMBER: 36802

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REQUEST FOR RECONSIDERATION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22213-1450

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office on

June 15, 2006

 6/15/06
Estella Pineda Date

Dear Sir:

Please consider the following remarks in response to the Office Action dated March 31, 2006. Applicants include herewith a complete listing of the claims without amendment for the Examiner's convenience.